



Part I FINANCES				
Item			Amount — Omit cents	
<b>A. RECEIPTS DURING FISCAL YEAR — Exclude amounts received from sale of investments and from repayment of loans made to members.</b>			X02	
<b>1. Employee contributions —</b> Total amounts contributed by all member employees or withheld from their salaries for financing of benefits.				
<b>a.</b> State employees — From employees of the State government, including employees of State colleges and other State institutions and agencies.			\$	.00
<b>b.</b> Local employees — From employees of the counties, cities, local public schools, and other local government agencies.			X01	.00
<b>2. Government contributions –</b> Total amounts received from state and local governments for financial support of your system, including any taxes credited directly to the system.				
			Amount — Omit cents	
<b>a.</b> State contributions – From State government, including State colleges and other State institutions and agencies			Z99	
<b>(1)</b> State contributions for State employees			\$	.00
<b>(2)</b> State contributions for local employees			V87	.00
<b>(3) Total State contributions — Sum of items a(1) and a(2)</b>			X06	.00
<b>b.</b> Local governments – From counties, cities, local public schools, and other local government agencies			X05	.00
<b>3. Earnings on investments —</b> Interest, dividends, rents, and other earnings on investments. Exclude any recorded profits on investment transactions and report at 4b below. <i>Also exclude any recorded losses on investment transactions and report at section B, line 3c.</i>			Amount — Omit cents	
<b>a.</b> Rentals from the State government			Z98	
			\$	.00
<b>b.</b> Interest			Z71	.00
<b>c.</b> Dividends			Z72	.00
<b>d.</b> Other earnings on investments			Z73	.00
<b>e. Total earnings on investments — Sum of items 3a through 3d</b>			X08	.00
<b>4. Other receipts</b>			Z97	.00
<b>a.</b> Any amounts for transmittal to Federal Social Security system				.00
			Z96	.00
<b>b.</b> Gains on investments				.00
<b>c.</b> Other — Private gifts or donations, and the like — Specify			Z95	.00
				.00
<b>B. PAYMENTS DURING FISCAL YEAR — Exclude amounts paid out for purchase of investments and for loans made to members.</b>			X11	.00
<b>1. Benefits paid —</b> Retirement, disability, survivors, and other benefits				.00
<b>2. Withdrawals —</b> Amounts paid to employees or former employees or their survivors, representing return of contributions made by employees during the period of their employment, and any interest on such amounts.			X12	.00
<b>3. Other payments —</b> Administrative expenses and other costs or payments not representing benefit payments or withdrawals.			Z93	
<b>a.</b> Administration — Include investment fees				.00
			Z92	.00
<b>b.</b> Any amounts paid to Federal Social Security system				.00
			Z91	.00
<b>c.</b> Losses on investments				.00
<b>d.</b> Other — Specify			Z90	.00
				.00
<b>C. CASH AND INVESTMENTS AT END OF FISCAL YEAR</b>			Amount — Omit cents	
<b>1. Cash and short-term investments</b>			Z88	
<b>a.</b> Cash on hand and demand deposits			\$	.00
			Z87	.00
<b>b.</b> Time or savings deposits — Include certificates of deposit				.00
<b>c.</b> All other short-term investments, including securities in repurchase agreements, commercial and finance company paper and bankers acceptances, and miscellaneous money market funds.			Z68	.00
<b>d. Total cash and short-term investments — Sum of items 1a through 1c</b>			X21	.00
<b>2. Federal Government securities</b>			Amount — Omit cents	
<b>a.</b> Federal securities — Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank			Z89	
			\$	.00
<b>b.</b> Federal agency securities — Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA. Report directly held mortgages at item 5.			X33	.00
<b>c. Total Federal Government securities — Sum of items 2a and 2b</b>			X30	.00

Part IFINANCES — Continued				
Item			Amount — Omit cents	
3. Corporate bonds				
			Amount — Omit cents	
a. Federally-sponsored agency securities — Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, Farm credit banks, and SLMA.			Z62 \$	.00
			Z63	
b. Other corporate bonds — Include debentures, convertible bonds, and railroad equipment certificates.				.00
c. Corporate bonds — Sum of items 3a and 3b			Z77	.00
4. Corporate stocks — Include common and preferred stocks, and warrants.			Z78	.00
5. Mortgages held directly — Exclude mortgage-backed securities, to be reported at 2b, 3a, or 3b; also exclude directly held real property, to be reported at item 7a.			X42	.00
6. Other securities			Amount — Omit cents	
a. Investments held in trust by other agencies — Include funds administered by private agencies, guaranteed investment accounts, and your share of funds in governmental investment accounts.			Z84 \$	.00
b. Securities of State and local governments			X35	.00
			Z70	
c. Foreign and international securities				.00
d. Other — Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. — Specify			Z83	
				.00
e. Total other securities — Sum of items 6a through 6d			X44	.00
7. Other investments			Amount — Omit cents	
a. Real property — Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at 7b.			X46 \$	.00
b. Other — Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs — Specify			X47	
				.00
c. Total other investments — Sum of items 7a through 7b			Z82	.00
			Z81	
TOTAL HOLDINGS AND INVESTMENTS — Sum of items C1 through C7				.00
Part IIMEMBERSHIP AND BENEFICIARIES				
Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are lacking for an item, please enter an estimate and mark it with an asterisk (*).				
Item	Number	Amount paid during month		
	(a)	Omit cents (b)		
A. MEMBERS OF YOUR RETIREMENT SYSTEM — Exclude beneficiaries.	Z76			
1. Active members — Current contributors in contributory systems, or employees in non-contributory plans.				
a. Employed by your State government (including State institutions and agencies)	Z75			
b. Employed by local governments (including local agencies)	Z01			
c. Total active members — Sum of items 1a through 1b	Z02			
2. Inactive members — Former employees and employees on military or other extended leave without pay, but having retained retirement credits. Report below, under item B, former active members who are receiving retirement benefits.				
B. BENEFICIARIES RECEIVING PERIODIC BENEFIT PAYMENTS DURING MONTH	Z03	Z08		
1. Former active members of system, retired on account of age or service		\$	.00	
	Z04	Z09		
2. Former active members of system, retired on account of disability			.00	
3. Survivors of deceased former active members — In column (a), report number of payees.	Z05	Z10	.00	

<div>Part II</div> <div>MEMBERSHIP AND BENEFICIARIES – Continued</div> <div>Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are lacking for an item, please enter an estimate and mark it with an asterisk (*).</div>		
Item	Number (a)	Amount paid during month Omit cents (b)
C. RECIPIENTS OF LUMP-SUM PAYMENTS DURING MONTH REPORTED	Z06	Z11
1. Withdrawals and other one-time payments (other than loans) made to present or former members of system		.00
2. Lump-sum (nonrecurrent) payments made to survivors of deceased former active members	Z07	Z12
		.00
D. ENTER HERE THE MONTH AND YEAR TO WHICH FIGURES REPORTED IN PART II APPLY	Month	Year
E. PLEASE INDICATE HERE THE FREQUENCY WITH WHICH PERIODIC PAYMENTS ARE MADE TO BENEFICIARIES OF YOUR SYSTEM — Mark (X) one —————→	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div> <div><input type="checkbox"/> Other — Please explain ↴</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
F. COVERAGE UNDER OASDHI (SOCIAL SECURITY) — Please indicate whether any of the active members (current contributors) you have reported at A1 above, were also covered under the Federal Old Age, Survivors, Disability, and Health Insurance program, in connection with their governmental employment.	<div><input type="checkbox"/> All active members also covered by OASDHI</div> <div><input type="checkbox"/> None of the active members covered by OASDHI</div> <div><input type="checkbox"/> Some, but not all, active members also covered by OASDHI</div> <div>How many of your active members (current contributors during the month reported in A1, above,) were also covered under OASDHI? If exact figures are not available, please make an estimate and note this in "Remarks". . . . .</div> <div>Number Z74</div>	
Remarks		